



Docket No.: R2184.0123/P123  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re Patent Application of:  
Hiroshi Ishii et al.

Application No.: 09/915,360

Confirmation No.: 6987

Filed: July 27, 2001

Art Unit: 2622

For: IMAGE PROCESSING DEVICE, IMAGE  
PROCESSING METHOD AND IMAGE  
FORMING APPARATUS

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Examiner: Mark R. Milia

**AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

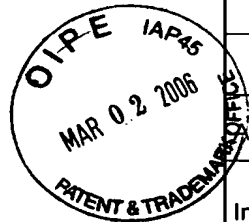
Dear Sir:

**INTRODUCTORY COMMENTS**

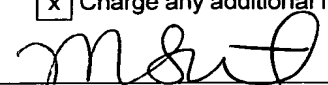
In response to the Office Action dated December 2, 2005, finally rejecting claims 1-9, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.



AF  
Ifw

AMENDMENT TRANSMITTAL LETTER				Docket No. R2184.0123/P123	
Application No. 09/915,360-Conf. #6987		Filing Date July 27, 2001		Examiner Mark R. Milia	
Art Unit 2622					
Applicant(s): Hiroshi Ishii et al.					
Invention: IMAGE PROCESSING DEVICE, IMAGE PROCESSING METHOD AND IMAGE FORMING APPARATUS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	9	- 20 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mark J. Thronson Attorney Reg. No.: 33,082				Dated: <u>March 2, 2006</u>	
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4742					